

OFFENSE/INCIDENT REPORT <i>(ER 190-1-50)</i>			RCS: DAEN-PM7	
REPORT NO.		MPI/CID NO.		DATE OF REPORT
TO:			FROM:	
1. OFFENSE/INCIDENT TITLE CODE		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> PERSON <input type="checkbox"/> PROPERTY <input type="checkbox"/> FRAUD <input type="checkbox"/> SEX OFFENSE </div> <div> CORPS EMPLOYEE INVOLVED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER INVOLVED _____ AS VICTIM _____ SUBJECT _____ </div> </div>		
2. LOCATION <i>(Include county, state or territory in which person, installation facility or recreation area involved is located.)</i>			TIME <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">DATE</div> <div style="width: 45%;">DATE <i>(Occurred overnight or weekend)</i></div> </div>	
3. REPORTED BY:			ADDRESS	
4. TYPE/STATUS OF REPORT <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> CLOSED <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> ADD-ON <input type="checkbox"/> CMOIR </div>				
5. DETAILS <i>(who, what, when, where, why, how)</i> , SUPPORTING PHOTOGRAPHS, NEWSPAPER ARTICLES, ETC., MAY BE ATTACHED DO NOT ATTACH REPORTS FROM OTHER AGENCIES. IF ADDITIONAL SPACE IS REQUIRED, USE SEPARATE SHEET.				
6. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> REPORTED <input type="checkbox"/> REFERRED TO <input type="checkbox"/> LOCAL POLICE <input checked="" type="checkbox"/> SHERIFF </div>				
7. RECOMMENDED PREVENTIVE CORRECTIVE ACTION, IF APPROPRIATE				
8. DOLLAR VALUE <div style="display: flex; justify-content: space-between;"> <div>a. GOVERNMENT PROPERTY \$ _____</div> <div>b. CONTRACTOR PROPERTY \$ _____</div> </div>				
9. OCCURRED ON/AGAINST <input type="checkbox"/> CORPS PERSONNEL, EQUIPMENT OR PROPERTY OTHER THAN RECREATION AREAS <input type="checkbox"/> RECREATION AREAS <input type="checkbox"/> PRIVATE PERSONNEL OR PROPERTY			INVOLVED <input type="checkbox"/> VANDALISM TO CORPS PROPERTY <input type="checkbox"/> LARCENY OF CORPS PROPERTY <input type="checkbox"/>	
NAME, GRADE AND TITLE OF REPORTING OFFICER			SIGNATURE	